

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :    ATTORNEY FOR <i>(Name)</i> : Insert name of court and name of judicial district and branch court, if any:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:		
<div style="text-align: center;"><b>REQUEST FOR DISMISSAL</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> <b>Personal Injury, Property Damage, or Wrongful Death</b>  <input type="checkbox"/> <b>Motor Vehicle</b>      <input type="checkbox"/> <b>Other</b>  <input type="checkbox"/> <b>Family Law</b>  <input type="checkbox"/> <b>Eminent Domain</b>  <input type="checkbox"/> <b>Other (specify):</b> </div> <div style="width: 35%; padding-top: 10px;">           CASE NUMBER:         </div> </div>		

— A conformed copy will not be returned by the clerk unless a method of return is provided with the document. —

**1. TO THE CLERK:** Please **dismiss** this action as follows:

- a. (1) ☐ With prejudice      (2) ☐ Without prejudice
- b. (1) ☐ Complaint      (2) ☐ Petition
- (3) ☐ Cross-complaint filed by *(name)*:  
 (4) ☐ Cross-complaint filed by *(name)*:  
 (5) ☐ Entire action of all parties and all causes of action  
 (6) ☐ Other *(specify):\**

on *(date)*:

on *(date)*:

Date:

.....  
 (TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

\* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

(SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner      ☐ Defendant/Respondent  
☐ Cross-complainant

**2. TO THE CLERK:** Consent to the above dismissal is hereby given.\*\*

Date:

.....  
 (TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

\*\* If a cross-complaint—or Response (Family Law) seeking affirmative relief—is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).

(SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner      ☐ Defendant/Respondent  
☐ Cross-complainant

*(To be completed by clerk)*

3. ☐ Dismissal entered as requested on *(date)*:  
 4. ☐ Dismissal entered on *(date)*:      as to only *(name)*:  
 5. ☐ Dismissal **not entered** as requested for the following reasons *(specify)*:  
  
 6. ☐ a. Attorney or party without attorney notified on *(date)*:  
     b. Attorney or party without attorney not notified. Filing party failed to provide  
         ☐ a copy to conform      ☐ means to return conformed copy

Date:

Clerk, by \_\_\_\_\_, Deputy